

MEN WHO ARE ABUSIVE TO THEIR FEMALE INTIMATE PARTNERS:
INCORPORATING FAMILY OF ORIGIN WORK INTO GROUP TREATMENT

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Abstract

This paper examines and provides a rationale for incorporating past victimization into group treatment for men who have been abusive to their female intimate partners. It begins with providing a general overview of the issue of family violence in Canada and in the U.S including statistics and an overview of group treatment effectiveness overall. It then moves into a rationale for incorporating family of origin work with a look at the impacts of exposure to family violence, the impact of trauma, and the relevance of attachment experiences. Additional theoretical rationale is also presented alongside a recognition that this kind of work seems to be rarely done within most existing treatment models. Suggestions and considerations for incorporating family of origin work are offered and finally, potential benefits and limitations are presented along with a hope for future research in the area.

Men who are Abusive to their Female Intimate Partners: Incorporating Family of Origin Work into Group Treatment

It could be said that family violence is occurring at almost epidemic proportions with over 40,000 incidences of spousal violence being reported to police in Canada in 2007 (Statistics Canada, 2009). It is estimated that only 22% of family violence cases are actually reported to police (Statistics Canada, 2011), which indicates that the actual rate of occurrence is much higher. In the U.S., it is estimated that women experience two million injuries and twelve hundred deaths each year as a result of family violence (Centers for Disease Control and Prevention, 2008).

Working with men who are abusive towards their female intimate partners is a vital piece within the family violence continuum of services, for a number of reasons. First, without effective treatment, violence may continue to occur within the intimate relationship. Second, treatment and follow-up make men accountable for their violence. Effective treatment benefits the men themselves as well as the women and children in their lives; the treatment of abusive men is an essential contribution to the prevention of and intervention in family violence.

For the purposes of this paper, the emphasis is on males who are abusive to their female intimate partners. Although it is recognized that males are also victimized in relationship violence, the majority of victims are women, with recent statistics showing that women make up 83% of spousal assault victims (Department of Justice Canada, 2011). However, the severity and consequences for female victims are much more serious than for males overall (Statistics Canada, 2011). Furthermore, women are three times more likely than men to experience the most severe types of violence and are twice as likely to be injured (Statistics Canada, 2011). Research has also shown that women are five times more likely to need medical attention, and three times

more likely to fear for their lives (Alberta Children's Services, 2006). Therefore the focus of this paper is on intervention with men who are abusive to their female intimate partners.

Family of Origin Work

The assertion of this paper is that treatment programs for males should involve a larger family-of-origin component. Thus a strong emphasis is placed on the importance of trauma within the man's own family when he was growing up as a child. The rationale is that, among other reasons, a large body of research has shown strongly that being a victim or a witness to violence and abuse as a child dramatically increases the risk of offending as an adult (Grann & Wedin, 2002). This implies that men who are abusive were likely themselves abused as children. In addition, social learning theory suggests that children who are exposed to interpersonal violence in the home may also learn to use violence in their own lives (Bandura, 1977). For example, a man who witnessed physical violence as a child may use physical violence as a way to cope with relationship issues. Furthermore, according to the 1993 Canadian Violence against Women Survey (VAWS), men who as children witnessed their mothers being physically abused by their fathers were three times more likely to be violent in their own marital relationships than men who grew up in non-violent homes (Johnson, 1996). Thus treatment should address all facets of the man's life, including the abuse he may have experienced in his family of origin.

Group Treatment Programming

Group programming appears to be the treatment of choice for males who are abusive to their intimate partners, since research indicates that group treatment offers the most benefit compared with other treatment options (Tutty, Bidgood, Rothery, & Bidgood, 2001). This approach has an economical benefit, in that the counsellor may treat several individuals at one time. Furthermore, cost per session is usually lower than for individual treatment (Geffner &

Rosenbaum, 1990). Additionally, group treatment helps reduce social isolation and allows members to share similar experiences (Geffner & Rosenbaum). Having a shared experience allows group members to see that they are not alone in their struggles and allows them to support one another through the change process (Yalom & Leszcz, 2005). This dynamic can also be used to have members who are committed to change challenge those who perhaps are not as committed to stopping the use of violence in their relationships.

Although there may be an agreement on the modality of treatment, this has often not been the case in terms of the theoretical orientation of the group work (Tutty et al., 2001). As Carden (1994) points out, single approaches to treatment have proven to be insufficient, as no one theory or approach adequately accounts for all the variations of partner abuse and abusers. Consequently, programs often feature a variety of interventions with theoretical underpinnings from a number of sources, with the most common theoretical orientation being a blend of cognitive-behavioural and feminist theory (Tutty et al., 2001).

Overview of Group Treatment Effectiveness for Abusive Men

Group treatment for abusive men has been more closely examined and scrutinized than any other form of family violence treatment (Dutton & Sonkin, 2003). The most common measure of success for a program is the recidivism rate, that is, the number of participants who violently reoffend after program completion (Toleman & Edleson, 1995). However, aside from recidivism rates, other outcomes related to other abusive, non-violent behaviour are also collected. For example, pre and post measures may examine a shift in attitudes regarding the acceptance of abusive behaviour. Additionally, many programs utilize partner contacts and data gathered from this program to measure program outcomes. Another component for measuring the success of programming relates to the non-completion rate, or attrition rate of participants.

Positive Treatment Outcomes.

Studies have shown overall that psychological treatment of men who have been abusive to their partners has more positive outcomes than does no treatment at all. In addition, in analyzing effect sizes for the overall effectiveness of group treatment, some authors advocate a smaller effect size should be expected, given that abusive men are a difficult population to work with and generally are not voluntarily seeking help (Babcock, Green, & Robie, 2004). Research has shown overall that the use of physical violence decreases immediately following the completion of treatment, with numbers ranging anywhere from 54 to 67% (Tutty et al., 2001).

Negative Treatment Outcomes.

The majority of authors advocate for group treatment as being the most effective treatment available for males who are abusive to their partners, although the research does not always support this assertion (Tutty et al., 2001). The outcomes of the majority of treatment programs for male perpetrators of violence appear not very promising given high recidivism rates post-treatment (Pugh, 2003). For example, Edleson and Grusznski (as cited in Babcock & Steiner, 1999) found no significant difference in recidivism rates between offenders who completed treatment and those who dropped out. Gondolf (2002) found a recidivism rate of 33% within 15 months of program completion, with two-thirds of these reoffending within the first nine months.

It seems Bancroft's (2002) comment supports Edleson et al's (as cited in Babcock & Steiner, 1999) findings as "the majority of abusive men do not make deep and lasting changes even in a high-quality abuser program" (p. 335). Moreover, the work of Babcock, Green & Robie (2004) shows that treatment appears to have only a minimal impact beyond the impact of

arrests. Their work shows that some men do stop violent behaviour after being arrested for such behaviour and the impact of treatment appears only marginally better in this regard.

A Lack of Family of Origin Work in Treatment

In most standard programs, work has not yet extended past the traditional realm of anger management and feminist based interventions. Having worked with abusive men over the past decade, however, Dutton and Sonkin, (2003) make this assertion:

Work on cyclical batters has implicated shaming, insecure attachment and witnessing of parental violence as interactive contributors to an abusive personality that sees, feels and acts differently than most men during intimate conflict. It stands to reason that acknowledgement of attachment, shaming and trauma precursors to battering should become an integral part of treatment (p. 4).

The exclusion of these essential elements within treatment programs may be one reason why even men who complete programs successfully may not be fully rehabilitated. The core reasons behind the abusive behaviour are left unaddressed, and men completing treatment remain wounded.

Research has shown that a diagnosis of an Axis II disorder is a strong predictor of recidivism following treatment (Tollefson & Gross, 2006). In addition, those participants who demonstrate a personality disorder with anger, impulsive or unstable characteristics are shown to be a higher risk to reoffend (Grann & Wedin, 2002).

Research has also found that being abused as a child puts participants at a higher risk of recidivism as well (Tollefson & Gross, 2006). Furthermore, being abused as a child places a person at a higher risk of developing psychological problems later in life (Tollefson & Gross).

These points again support the need for programming that addresses past hurts as well as current behaviours.

A significant contradiction exists at a societal level that strongly impacts our approach towards men who have been abusive, as expressed by Sonkin (1998):

As a society we deplore child abuse and will do anything to protect victims, yet when prosecuting and punishing perpetrators, there is little understanding and consideration for these adults who were once themselves victims of abuse (p. xii).

In other words, there is a failure within the community to recognize that often those who are abusive were once abused themselves. Community based systems tend, at times, to respond inappropriately when they fail to recognize the significant impact of childhood trauma on adult survivors.

There are two main reasons for this failure. First, focusing on victimization issues might be seen as diminishing the abusive partner's sense of responsibility for his own violent behaviour. Some fear that men could potentially use their own past victimization to minimize or excuse their abusive behaviour. This argument would align well with feminism thought (Sonkin, 1998). Second, given the limited time frame for working with these men in programming, trauma work is often too time consuming and expensive to run. As a result, many agencies tend to organize groups that are shorter in length, in an effort to work with more participants. For example, a trauma-based group may run for 24 weeks, while a standard men's treatment program may run for only 16 weeks. An increase in weeks requires increased funding and increased hours for facilitators.

The majority of treatment programs serve to address current behaviour, but few delve very deeply into past hurts and traumatic experiences (Dutton, 2003; Tutty et al., 2001). This is

not to say that current behaviours are unimportant, because this is simply not the case. Treatment programs, in order to be effective, need to utilize a number of strategies and perspectives.

Family violence has long been recognized as a crime based on the dynamics of power and control. In counselling, there is merit in exploring where these men first felt powerless and why they continue to feel that way. It is those who feel powerless in their own lives who may attempt to gain power by taking it away from someone else. In other words, “Power and control is more than a strategy, it is a human need” (Rosenbaum & Leisring, 2003, p. 8).

As a point of clarification, it is not the author’s position that past victimization in any way *causes* abusive behaviour, because in the end, no single cause can be identified (Dutton, 2003; Tollefson & Gross, 2006). Nor is it the author’s intention to paint a picture of a helpless male victim who has no control over his own choices and behaviours. The past victimization of a person who has perpetrated violence against another should not in any way excuse his behaviour. He is accountable for his choices and responsible for the consequences just as much as someone without an abuse history.

Relevance of Early Attachment Experiences

Dutton (2003) found that the experience of being shamed in public by one’s parents was the most significant contributor to abusive behaviour in adulthood. Being rejected or being physically or verbally abused by one’s father and being rejected by one’s mother were also key contributors. Dutton (2003) found that the feelings of rejection were the most troubling, often viewed as worse than any physical or verbal abuse that the individual may have experienced. In addition, those men who reported more parental rejection as children experienced more persistent and severe trauma symptoms as adults.

Bowlby (1973) maintains the attachment children have with their parents more often than not will mirror their attachment style in adulthood. If individuals did not get the secure attachment they needed as children, then their emotional development can be dramatically impacted. James (1994) explains:

Someone who has experienced parental maltreatment may have considerable difficulty in forming later attachment relationships, because the child, the parent, or both do not know how to relate to another person in an intimate, reciprocal relationship (p. 4).

Bowlby asserts that the natural and most common response to having our needs unmet in the early years is anger. As Dutton (2003) points out, “The ‘original anger’ stems from frustrated and unsuccessful attempts to attach” (p. 117).

Insecure attachment can also conjure up feelings of fear and anxiety and create dependency and isolation. Closeness with other people, especially the closeness of an intimate relationship, can be hugely anxiety provoking for an individual with insecure attachment (Allen, 2005).

The intimate partner seemingly takes the place of the absent or rejecting parent and the man, once attachment has been established with this person, is hard pressed to let it go. His needs are being met externally through love and nurturance from his partner, but because of his fear and anxiety, he does not trust that it will stay that way. So he resorts to controlling and abusive behaviour in an effort to maintain it. But he ends up sabotaging his own happiness and well-being, thus inadvertently reinforcing his behaviour. With intense fears of abandonment, whenever his partner leaves this fear resurfaces. To manage the fear, he attempts to control his partner further in an effort to keep her close, but often ends up pushing her further away (Dutton, 2003).

Relevance of Childhood Exposure to Family Violence

Research has shown that anywhere from 60% (Delsol & Margolin as cited in Murphy & Eckhardt, 2005) to as high as 80% (Tutty as cited in Tutty et al., 2001) of men who are abusive to their intimate partners were themselves abused or witnessed the abuse of their mother by their father. It has also been shown that family violence rates among those who were exposed to violence in the home as children are approximately three times higher than among control groups of non-violent men (Murphy at al. as cited in Murphy & Eckhardt, 2005).

Research has also shown a strong correlation between exposure to family violence and aggressive behaviour in children, with 32% of children who were exposed to such violence displaying aggressive behaviour, versus 16% of children who were not exposed (Hotton, 2003). Children growing up in violent homes are at a much higher risk of being directly victimized, with statistics showing that 24% of children entering shelters with mothers were physically abused (Taylor-Butts, 2005). Moreover, 18% of children entering shelters with mothers had been threatened and 11% were victims of neglect (Taylor-Butts).

The impacts on children of growing up in violence are numerous. The majority display at least some trauma symptoms, including intense fear, anxiety, difficulty sleeping, and aggressive behaviour (Alberta Children's Services, 2006). Exposure to violence also impacts early brain development and attachment to caregivers (Alberta Children's Services). When a child is exposed to chronic abuse in the home, the brain may be negatively impacted (Alberta Children's Services) and the child may develop emotional, behavioural, social, cognitive and physical symptoms: "These symptoms vary depending upon a many factors but commonly include relationship problems, impulsivity, inattention, anxiety and depressed mood" (Alberta Children's

Services, p. 9). The impacts are profound and, for many, long-term. Thus exposure to violence in the home merits specific discussion in terms of trauma and its impact on the individual.

The Impact of Trauma

Trauma, as defined here, refers to the experience of being powerless; most often it involves death or injury or the possibility thereof (Matsakis, 1996). In response to such an event or series of events, individuals often experience feelings of fear and helplessness which extend beyond what they can regularly cope with. Examples potentially pertaining to men in treatment may include being victimized by physical, sexual or psychological abuse or exposure to these types of abuse within their family of origin home.

The potential impacts of traumatic experiences are numerous and vary in degree based on the individual's experience of trauma, developmental factors, and capacity to respond to the experience (van der Kolk, McFarlane & van der Hart, 1996). These experiences can affect individuals psychologically, biologically, socially and spiritually to such a degree that the traumatic memory comes virtually to take over and spoil all present experience (van der Kolk et al.)

The impacts of trauma are numerous and can include intrusive memories of the traumatic experience, numbing and avoidance, flashbacks, hyper arousal, difficulty remembering and dissociation (van der Kolk et al., 1996). Other impacts include difficulty sleeping, nightmares, depression, anxiety, substance abuse and physical health problems (Matsakis, 1996). These symptoms may be used in part in the diagnosis of Post Traumatic Stress Disorder (PTSD) and other Disorders of Extreme Stress (American Psychiatric Association, 1994); however, a full diagnosis is not necessary for the survivor to experience the impact of trauma.

Dutton (2003) reports that male trauma victims seen in treatment settings experience anger, separation anxiety, affect regulation, poor impulse control, and a high level of dependency within intimate relationships. The experience of ongoing trauma symptoms is linked directly to both anger and the level of abusiveness, according to self-report measures. Dutton demonstrates that men who present with family violence issues experience intense trauma symptoms, and these symptoms are strongly linked to early childhood experiences.

Theoretical Orientations

The following section provides continued rationale for the importance of trauma work in men's treatment. It draws from three main theoretical orientations including: social learning theory, attachment theory and psychodynamic theory.

Social Learning Theory

Social learning theory posits that abusive men have learned that violence is an effective way to deal with conflict (Lawson, Dawson, Kieffer, Perez, Burke, & Kier, 2001). Violence is seen as almost a habit of sorts, where if repeated enough it just becomes part of "normal" behaviour (Dutton, 2003). Exposure to violence may increase one's tolerance of it and it can come to be viewed as the most appropriate way of handling conflict (Mihalic & Elliot, 1997).

Treatment from a social learning perspective focuses on re-learning more effective ways of resolving conflict. The position held is that if you can learn something, you can unlearn it (Dutton, 2003). The assumption is that violent behaviour will be reduced by highlighting early dysfunctional learning and working to replace it with healthier and more functional ways of thinking or behaving.

Another important component of treatment from this perspective is building an awareness of the learning in the first place. In working towards learning new behaviours, changing old

behaviours can be difficult without an awareness of what they learned it in the first place. Time in group is spent exploring early learning and messages that participants have heard and learned while growing up, in an effort to recognize and then shed them. This approach has the advantage of making more overt the link between the behaviour of their parents and how that impacted them, and now how their behaviour may potentially impact their own children, should they have any.

Dutton's (2003) work, from a social learning perspective, explores in depth, the impact of family of origin modeling influences. Dutton asserts that a trauma model that includes the exploration of early learning accounts better for many trauma symptoms that have been observed in assaultive men (Dutton & Sonkin, 2003).

Attachment Theory

Attachment theory is concerned with the attachment between a child and his or her parents and with how much a child's needs, such as safety, comfort and protection, have been met as a result of that attachment (Diefenbeck, 2003). According to this theory, anger is often an expression of unmet psychological needs with the child attempting to seek a secure relationship with his or her caregiver but not receiving a connection with this caregiver. If the child has repeated and consistent experiences of not experiencing a connection with the caregiver, then the child-parent attachment is seen as being insecure. Insecure attachment has been linked very strongly to difficulties in relationships when the child becomes an adult (Dutton et al. as cited in Diefenbeck, 2003). Children who have experienced trauma often grow up to be fearfully attached, that is, fearful of both intimacy and abandonment (Thomas, 2006). Mayseless as cited in Brown, 2004, found that "violence in an adult intimate relationship is an expression of a man's attachment needs" (p. 9) when he perceives his partner as unresponsive to his needs.

It is a very primal response to unmet needs to react in anger, as for example an infant cries to get the attention of a caregiver. It has also been shown that men who have attachment issues present with multiple issues around shame: they feel shame as a result of their attachment experiences and shame regarding their current behaviour (Dutton, 2003). Anger serves a means of responding to and masking this shame (Wallace & Nosko, 2003).

Treatment from this perspective appears to be beneficial to men who have a high level of dependency (Bennett & Williams, 2001; Pandya & Gingerich, 2002), and so it appears to be a good fit for the intended population. It has been determined that treatment from an attachment perspective appears best suited for men who have a personality disorder or who are assessed as emotional volatile (Deifenbeck, 2003; Dutton, 2003). This may be because of the process orientation of the group and the supportive nature of fellow group members and the facilitators. This type of group may serve to meet an otherwise unmet attachment need, providing the desired nurturance and support for men coming in with disordered personality issues.

Psychodynamic Theory

Group treatment for men who are abusive, from the perspective of psychodynamic theory is very process oriented and tends to center around the relationship between the group members and the male-female facilitator team (Cogan & Porcerelli, 2003). The goal of psychodynamic group therapy is to assist participants in changing their behaviour by increasing their level of awareness and connection to feelings in addition to their responses to them (Lanza, Anderson, Boisvert, LeBlanc, Hardy, & Steel, 2002). The focus is very much on an emotional level and groups overall utilize fewer handouts and content-driven interventions. As such, the experience of such a group is generally more emotionally intense, but it appears that once participants overcome the initial difficulty associated with this, their commitment to the group is very strong (Lanza et al., 2002). There is a strong emphasis on childhood experiences, as the theory asserts that it is through these early experiences,

that individuals develop a sense of self (Gallop & O'Brien, 2003). The only way children have to learn about who they are is based on the responses of those around them, and as such, if these experiences are predominantly negative, so will be, the individual's sense of self (Gallop & O'Brien).

Generally, psychodynamic groups are quite unstructured and tend to unfold as is appropriate and in response to participant needs (Lanza et al., 2002). Generally speaking, groups using this approach tend to focus on identifying and verbalizing feelings as a way to manage impulsive and aggressive behaviour (Lanza et al.). Interventions additionally examine early attachment issues for participants, since psychodynamic theory tends to weigh early childhood experiences as quite significant (Lawson et al., 2001). This is illustrated in the assertion made by Gallop & O'Brien (2003), in that: "all interactions are affected to a lesser or greater degree by past behaviors" (p. 215). There is a great deal of discussion during group, and personal disclosures are expected from participants.

As participants become more accustomed to handling higher levels of emotional expression, issues around the use of violence can be explored within such themes as helplessness and unconscious fears (Cogan & Porcerelli, 2003). Furthermore, intimate partner violence can also be discussed within the framework of participants' acting out repeated patterns and examining the source of such patterns (Cogan & Porcerelli). This includes highlighting "ingrained maladaptive relational dynamics that contribute to battering" (Lawson et al., 2001, p. 90).

Recommendations for Treatment

It is the premise of this paper that treatment must go beyond traditional models and incorporate trauma healing into its work. This does not mean that what has been done should no longer be done, but instead that it can be enhanced in an effort to improve treatment. For example, in addition to being taught about feelings, men also need help in connecting with their own emotional experience. Instead of simply teaching them the impact of their own violent

behaviour, treatment can be taken a step further by encouraging them to connect with the place where they have been impacted themselves. Delving into trauma work means breaking through the layers of protection that these men have built for themselves, in an effort to avoid dealing with these past hurts.

To accomplish these objectives, clients need to regain a sense of safety and to share in the experience of healing with others (van der Kolk, van der Hart, & Burbridge, 1995). Group therapy is regarded as a treatment of choice for survivors of trauma; often group members provide the most support in the healing process, due to the powerful impact of the shared experience. According to van der Kolk et al. (1995), the purpose of group therapy dealing with trauma is as follows:

1) to stabilize psychological and physiological reactions to the trauma, 2) to explore and validate perceptions and emotions, 3) to retrieve memories, 4) to understand the effects of past experience on current affects and behaviours, and 5) to learn new ways of coping with interpersonal stress (p. 9).

Working with Trauma in a Group Setting

Numerous strategies and interventions may be used when therapists are working with trauma. Some require specialized training and support, but the majority are ones that any trained therapists under supervision could utilize within their existing group setting. For example, utilizing cognitive-behavioural techniques does not require specialized certification as it builds on existing knowledge acquired in graduate-level work.

Safety.

Establishing a sense of safety is imperative for clients who are beginning trauma work. They need to feel safe within the group setting, safe with the therapist and safe within

themselves. Needing to feel safe is a basic human need (Rosenbloom & Williams, 1999) and after trauma, this need may be unmet. It is very common for survivors of abuse to mistrust others (Sonkin, 1998). Establishing a sense of safety is an important first step and a critical one in order for the work to move ahead. According to van der Kolk et al. (1995), "The task of group therapy and community interventions is to help victims regain a sense of safety and of mastery" (p. 433).

Timing.

Timing is critical, in that the therapist needs to consider the stability and overall readiness of the client before beginning the work. Many trauma survivors experience a great deal of emotional instability, and so a gradual approach is recommended for preparing the client (Foy, Schnurr, Weiss, Wattenberg, Glynn, Marmar, & Gusman, 2001) and building a stable foundation from which to work. For example, if the client cannot talk about a traumatic memory at any length without experiencing an intense panic reaction, more time and preparation are likely needed before moving into more intensive work. Indicators of client readiness and stability should be included in the assessment and screening portions of the group. Dutton and Kropp (2000) review several instruments used in assessing risk in domestic violence offenders. In addition, Levesque, Gelles, and Velicer (2000) discuss stages of change in men who are abusive to their partners.

Benefits of Trauma Work in Group Treatment

The potential benefits of trauma work within group settings are numerous. First, group involvement can provide powerful modeling in conflict resolution, effective problem solving and ways of managing behaviours associated with post-traumatic stress (Wilson, Friedman & Lindy, 2001). Second, group treatment provides an opportunity for attachment, bonding and a sense of

safety and security to develop between the group's members (Wilson et al.). Additionally, in working to heal early disruptions in attachment, participants can develop insight into their own fears and stop blaming external sources, namely their partners, for their pain (Dutton, 2003). Finally, much like a broken bone that is not set properly and so cannot heal, failure to address traumatic wounds will result in them remaining hidden and unhealed, constantly lingering in the background and contributing to destructive and hurtful behaviours (Sonkin, 1998).

Conclusion

This paper has examined the deleterious effects of childhood trauma and the impact of such experiences on the abusive behaviour of men in family violence treatment programs. Given the impact of childhood trauma, it has been posited that trauma-based work must be incorporated into treatment in order to work towards effective programming for participants. The effects of traumatic experiences cannot be ignored, and research in this area continues to support the need for effective trauma work in therapy. The combination of trauma work and men's treatment is a relatively novel approach which to date has gained little attention from researchers. It is this author's hope that papers like this one will stimulate further growth, research and practice in the area, as treatment providers continue to strive to provide the most effective treatment options possible.

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